1		AN ACT relating to pharmacy benefits in the Medicaid program.
2	Be i	t enacted by the General Assembly of the Commonwealth of Kentucky:
3		→ Section 1. KRS 205.647 is amended to read as follows:
4	(1)	As used in this section, "pharmacy benefit manager" has the same meaning as in
5		KRS 304.9-020.
6	(2)	A pharmacy benefit manager contracted with a managed care organization that
7		provides Medicaid benefits pursuant to this chapter shall comply with the
8		provisions of this section and KRS 304.9-053, 304.9-054, 304.9-055, and 304.17A-
9		162.
10	(3)	KRS 304.17A-162(10), (11), (12), and (13) shall not apply to a pharmacy benefit
11		manager contracted directly with the cabinet to provide Medicaid benefits.
12	<u>(4)</u>	A pharmacy benefit manager contracting with a managed care organization to
13		administer Medicaid benefits shall provide the following information to the
14		Department for Medicaid Services no later than August 15, 2018, and for each
15		year thereafter that the pharmacy benefit manager is contracted with a managed
16		care organization to administer Medicaid benefits:
17		(a) The total Medicaid dollars paid to the pharmacy benefit manager by a
18		managed care organization and the total amount of Medicaid dollars paid
19		to the pharmacy benefit manager by a managed care organization which
20		were not subsequently paid to a pharmacy licensed in Kentucky;
21		(b) 1. The average reimbursement, by drug ingredient cost, dispensing fee,
22		and any other fee paid by a pharmacy benefit manager to licensed
23		pharmacies with which the pharmacy benefit manager shares
24		common ownership, management, or control; or which are owned,
25		managed, or controlled by any of the pharmacy benefit manager's
26		management companies, parent companies, subsidiary companies,
27		iointly held companies, or companies otherwise affiliated by a

Page 1 of 8
SB000530.100 - 216 - XXXX House Committee Substitute

1	common owner, manager, or holding company; or which share any
2	common members on the board of directors; or which share managers
3	<u>in common.</u>
4	2. For the purposes of this subsection "average reimbursement" means
5	a statistical methodology selected by the Department for Medicaid
6	Services via any administrative regulations promulgated pursuant to
7	this section which shall include, at a minimum, the median and mean;
8	(c) The average reimbursement, by drug ingredient cost, dispensing fee, and
9	any other fee, paid by a pharmacy benefit manager to pharmacies licensed
10	in Kentucky which operate more than ten (10) locations;
11	(d) The average reimbursement by drug ingredient cost, dispensing fee, and
12	any other fee, paid by a pharmacy benefit manager to pharmacies licensed
13	in Kentucky which operate ten (10) or fewer locations;
14	(e) Any direct or indirect fees, charges, or any kind of assessments imposed by
15	the pharmacy benefit manager on pharmacies licensed in Kentucky with
16	which the pharmacy benefit manager shares common ownership,
17	management, or control; or which are owned, managed, or controlled by
18	any of the pharmacy benefit manager's management companies, parent
19	companies, subsidiary companies, jointly held companies, or companies
20	otherwise affiliated by a common owner, manager, or holding company; or
21	which share any common members on the board of directors; or which
22	share managers in common;
23	(f) Any direct or indirect fees, charges, or any kind of assessments imposed by
24	the pharmacy benefit manager on pharmacies licensed in Kentucky which
25	operate more than ten (10) locations;
26	(g) Any direct or indirect fees, charges, or any kind of assessments imposed by
27	the pharmacy benefit manager on pharmacies licensed in Kentucky which

Page 2 of 8 SB000530.100 - 216 - XXXX House Committee Substitute

1	operate ten (10) or fewer locations; and
2	(h) All common ownership, management, common members of a board of
3	directors, shared managers, or control of a pharmacy benefit manager, or
4	any of the pharmacy benefit manager's management companies, parent
5	companies, subsidiary companies, jointly held companies, or companies
6	otherwise affiliated by a common owner, manager, or holding company
7	with any managed care organization contracted to administer Kentucky
8	Medicaid benefits, any entity which contracts on behalf of a pharmacy, or
9	any pharmacy services administration organization, or any common
10	ownership, management, common members of a board of directors, shared
11	managers, or control of a pharmacy services administration organization
12	that is contracted with a pharmacy benefit manager, with any drug
13	wholesaler or distributor or any of the pharmacy services administration
14	organizations, management companies, parent companies, subsidiary
15	companies, jointly held companies, or companies otherwise affiliated by a
16	common owner, common members of a board of directors, manager, or
17	holding company.
18	(5) All information provided by a pharmacy benefit manager pursuant to subsection
19	(4) of this section shall reflect data for the most recent full calendar year and
20	shall be divided by month. This information shall be managed by the Department
21	for Medicaid Services in accordance with applicable law and shall be exempt
22	from KRS 61.870 to 61.884 in accordance with KRS 61.878(1)(c).
23	(6) Any contract entered into or renewed for the delivery of Medicaid services by a
24	managed care organization on or after the effective date of this Act shall comply
25	with the following requirements:
26	(a) The Department for Medicaid Services shall set, create, or approve, and
27	may change at any time for any reason, reimbursement rates between a

Page 3 of 8 SB000530.100 - 216 - XXXX House Committee Substitute

1		pharmacy benefit manager and a contracted pharmacy, or an entity which
2		contracts on behalf of a pharmacy. Reimbursement rates shall include
3		dispensing fees which take into account applicable guidance by the Center
4		for Medicare and Medicaid Services. A pharmacy benefit manager shall
5		notify the Department for Medicaid Services thirty (30) days in advance of
6		any proposed change of over five percent (5%) in the product
7		reimbursement rates for a pharmacy licensed in Kentucky. The Department
8		for Medicaid Services may disallow the change within thirty (30) days of
9		this notification;
10	<u>(b)</u>	All laws and administrative regulations promulgated by the Department for
11		Medicaid Services, including but not limited to the regulation of maximum
12		allowable costs;
13	<u>(c)</u>	The Department for Medicaid Services shall approve any contract between
14		the managed care organization and a pharmacy benefit manager;
15	<u>(d)</u>	The Department for Medicaid Services shall approve any contract, any
16		change in the terms of a contract, or suspension or termination of a
17		contract between a pharmacy benefit manager contracted with a managed
18		care organization to administer Medicaid benefits and an entity which
19		contracts on behalf of a pharmacy, or any contract or any change in the
20		terms of a contract, or any suspension or termination of a contract between
21		a pharmacy benefit manager and a pharmacy or pharmacist; and
22	<u>(e)</u>	The Department for Medicaid Services shall approve any fee established,
23		modified, or implemented directly or indirectly by a managed care
24		organization, pharmacy benefit manager, or entity which contracts on
25		behalf of a pharmacy or a pharmacy services administration organization,
26		pharmacy, or Medicaid recipient. This paragraph shall not apply to any
27		membership or service fee established, modified, or implemented by a

Page 4 of 8 SB000530.100 - 216 - XXXX House Committee Substitute

1			pharmacy services administration organization on a pharmacy licensed in		
2			Kentucky that is not related directly or indirectly to product reimbursement.		
3	<u>(7)</u>	The	Department for Medicaid Services may promulgate administrative		
4		regu	ulations pursuant to KRS Chapter 13A as necessary to implement and		
5		adm	inister its responsibilities under this section. These administrative regulations		
6		may	include, but are not limited to the assessment of fines, penalties, sanctions,		
7		<u>or li</u>	censure suspension or revocation for noncompliance.		
8	<u>(8)</u>	The	Department for Medicaid Services may consider any information ascertained		
9		purs	suant to this section in the setting, creation, or approval of reimbursement		
10		<u>rate</u>	s used by a pharmacy benefit manager or an entity which contracts on behalf		
11		of a	pharmacy.		
12		<b>→</b> S	ection 2. KRS 304.9-440 is amended to read as follows:		
13	(1)	The	commissioner may place on probation, suspend, or may impose conditions		
14		upoi	n the continuance of a license for not more than twenty-four (24) months,		
15		revo	revoke, or refuse to issue or renew any license issued under this subtitle or any		
16		surp	lus lines broker, life settlement broker, or life settlement provider license, or		
17		may	levy a civil penalty in accordance with KRS 304.99-020, or any combination of		
18		actio	ons for any one (1) or more of the following causes:		
19		(a)	Providing incorrect, misleading, incomplete, or materially untrue information		
20			in the license application;		
21		(b)	Violating any insurance laws, or violating any administrative regulations,		
22			subpoena, or order of the commissioner or of another state's insurance		
23			commissioner;		
24		(c)	Obtaining or attempting to obtain a license through misrepresentation or		
25			fraud;		
26		(d)	Improperly withholding, misappropriating, or converting any moneys or		
27			properties received in the course of doing insurance or the business of life		

Page 5 of 8 SB000530.100 - 216 - XXXX House Committee Substitute

1		settlements;
2	(e)	Intentionally misrepresenting the terms of an actual or proposed insurance
3		contract, life settlement contract, or application for insurance;
4	(f)	Having been convicted of or having pled guilty or nolo contendere to any
5		felony;
6	(g)	Having admitted or been found to have committed any unfair insurance trade
7		practice, insurance fraud, or fraudulent life settlement act;
8	(h)	Using fraudulent, coercive, or dishonest practices; or demonstrating
9		incompetence, untrustworthiness, or financial irresponsibility; or being a
10		source of injury or loss to the public in the conduct of business in this state or
11		elsewhere;
12	(i)	Having an insurance license, life settlement license, or its equivalent, denied,
13		suspended, or revoked in any other state, province, district, or territory;
14	(j)	Surrendering or otherwise terminating any license issued by this state or by
15		any other jurisdiction, under threat of disciplinary action, denial, or refusal of
16		the issuance of or renewal of any other license issued by this state or by any
17		other jurisdiction; or revocation or suspension of any other license held by the
18		licensee issued by this state or by any other jurisdiction;
19	(k)	Forging another's name to an application for insurance, to any other document
20		related to an insurance transaction, or to any document related to the business
21		of life settlements;
22	(1)	Cheating, including improperly using notes or any other reference material to
23		complete an examination for license;
24	(m)	Knowingly accepting insurance or life settlement business from an individual
25		or business entity who is not licensed, but who is required to be licensed under
26		this subtitle;

 $Page \ 6 \ of \ 8$  SB000530.100 - 216 - XXXX House Committee Substitute

27

(n) Failing to comply with an administrative or court order imposing a child

1			support obligation;
2		(o)	Failing to pay state income tax or to comply with any administrative or court
3			order directing payment of state income tax;
4		(p)	Having been convicted of a misdemeanor for which restitution is ordered in
5			excess of three hundred dollars (\$300), or of any misdemeanor involving
6			dishonesty, breach of trust, or moral turpitude;
7		(q)	Failing to no longer meet the requirements for initial licensure;
8		(r)	If a life settlement provider, demonstrating a pattern of unreasonable
9			payments to owners or failing to honor contractual obligations set out in a life
10			settlement contract;
11		(s)	Entering into any life settlement contract or using any form that has not been
12			approved pursuant to Subtitle 15 of this chapter;
13		(t)	If a licensee, having assigned, transferred, or pledged a policy subject to a life
14			settlement contract to a person other than a life settlement provider licensed in
15			this state, an accredited investor or qualified institutional buyer as defined,
16			respectively, in Regulation D, Rule 501 or Rule 144a of the Federal Securities
17			Act of 1933, as amended, a financing entity, a special purpose entity, or a
18			related provider trust; or
19		(u)	Any other cause for which issuance of the license could have been refused,
20			had it then existed and been known to the commissioner.
21	(2)	The	license of a business entity may be suspended, revoked, or refused for any
22		caus	e relating to an individual designated in or registered under the license if the
23		com	missioner finds that an individual licensee's violation was known or should
24		have	e been known by one (1) or more of the partners, officers, or managers acting on
25		beha	alf of the business entity and the violation was not reported to the Department of
26		Insu	rance nor corrective action taken.

SB000530.100 - 216 - XXXX House Committee Substitute

27

The license of a pharmacy benefit manager may, in the discretion of the

1	commissioner, be suspended, revoked, or refused for any cause enumerated in
2	subsection (1) of this section, and for violations of Section 1 of this Act, KRS
3	304.9-053, 304.9-054, 304.9-055, and 304.17A-162. The pharmacy benefit
4	manager shall also be subject to the same civil penalties under KRS 304.99-020
5	as an insurer.
6	(4) The applicant or licensee may make written request for a hearing in accordance with
7	KRS 304.2-310.
8	(5)[(4)] The commissioner shall retain the authority to enforce the provisions and
9	penalties of this chapter against any individual or business entity who is under
10	investigation for or charged with a violation of this chapter, even if the individual's
11	or business entity's license has been surrendered or has lapsed by operation of law.
12	(6) [(5)] The commissioner may suspend, revoke, or refuse to renew the license of a
13	licensed insurance agent operating as a life settlement broker, pursuant to KRS
14	304.15-700, if the commissioner finds that such insurance agent has violated the
15	provisions of KRS 304.15-700 to 304.15-725.
16	(7)[(6)] If the commissioner denies a license application or suspends, revokes, or
17	refuses to renew the license of a life settlement provider or life settlement broker, or
18	suspends, revokes, or refuses to renew the license of a licensed life insurance agent
19	operating as a life settlement broker pursuant to KRS 304.15-700, the commissioner
20	shall comply with the provisions of this section and KRS Chapter 13B.
21	→ Section 3. Whereas there is an urgent need for government agencies to have
22	transparency and to better assess contracts between entities providing Medicaid pharmacy
23	benefits with public dollars, an emergency is declared to exist, and this Act takes effect
24	on July 1, 2018.

SB000530.100 - 216 - XXXX House Committee Substitute